

MAR 20 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 405 File No. 6396

Township

Primary Registration District No. 3020

Registered No.

City Carthage - McBurnie Brooks Hospital St. _____ Ward)

2. FULL NAME

(a) Residence, No. 611 E. 7th St. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

 Male

4. COLOR OR RACE

 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

 Mary Hart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

 June 22, 1861

7. AGE

YEARS

 74

MONTHS

 8

DAYS

 15

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

 Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

 Grocery
 Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

 Oregon
 Unknown

13. NAME

 John Hart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

 Unknown
 Unknown

15. MAIDEN NAME

 Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

 Unknown
 Unknown

17. INFORMANT

(ADDRESS)

 Mrs. Inez Kirby
 Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill Cem. DATE Feb. 29, 1936

19. UNDERTAKER

(ADDRESS)

 Kneese Mortuary
 Carthage, Missouri

20. FILED

 Feb 27, 1936 B. B. Colinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from

 Oct 10, 1935 to Feb 27, 1936 I last saw him alive on Feb 26, 1936 Death is saidto have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

 Chronic mitral insufficiency

Date of onset

Other contributory causes of importance:

 Chronic arterial hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lloyd A. Hunter , M. D.(Address) Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

